

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: ARM INSERTION TYPE
SPHYGMOMANOMETER

Attorney Docket Number:: 1019952-000215

Request for Early Publication? No

Request for Non-Publication? No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity? No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Hiroki

Middle Name::

Family Name:: SASAGAWA

Name Suffix::

City of Residence:: Fujinomiya-shi

State or Province of Residence:: Shizuoka

Country of Residence:: Japan

Street of Mailing Address::

City of Mailing Address:: Fujinomiya-shi

State or Province of Mailing Address:: Shizuoka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Katsumi
Middle Name::
Family Name:: TSUKUDA
Name Suffix::
City of Residence:: Fujinomiya-shi
State or Province of Residence:: Shizuoka
Country of Residence:: Japan
Street of Mailing Address::
City of Mailing Address:: Fujinomiya-shi
State or Province of Mailing Address:: Shizuoka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Hitoshi
Middle Name::
Family Name:: OZAWA
Name Suffix::
City of Residence:: Fujinomiya-shi

State or Province of Residence:: Shizuoka
Country of Residence:: Japan
Street of Mailing Address::
City of Mailing Address:: Fujinomiya-shi
State or Province of Mailing Address:: Shizuoka
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Shinichi
Middle Name::
Family Name:: TAKAHIRA
Name Suffix::
City of Residence:: Shibuya-ku
State or Province of Residence:: Tokyo
Country of Residence:: Japan
Street of Mailing Address::
City of Mailing Address:: Shibuya-ku
State or Province of Mailing Address:: Tokyo
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/JP2005/001182	01/28/2005

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2004-027107	02/03/2004	Yes
Japan	2004-115794	04/09/2004	Yes

Assignee Information

Assignee Name:: TERUMO KABUSHIKI KAISHA

Street of Mailing Address:: 44-1, Hatagaya 2-chome, Shibuya-ku

City of Mailing Address:: Tokyo

State or Province of Mailing Address::

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::